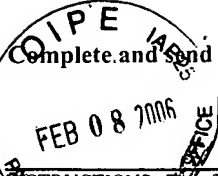


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

01/05/2006

Nexsen Pruet
 P O Box 10107

Greenville, SC 29603

02/08/2006 SSESHE2 00000047 080719 10521067

01 FC:2501 700.00 DA
 02 FC:8001 30.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<i>Carla A. Apelle</i>	(Depositor's name)
<i>Carla A. Apelle</i>	(Signature)
<i>2/6/06</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/521,067	01/11/2005	Spencer P. Thornton	31092-05	6844

TITLE OF INVENTION: TREATMENT FOR DRY EYE SYNDROME

Thornton

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	04/05/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
TATE, CHRISTOPHER ROBIN	1655	424-756000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Sara A. Centroni
Michael A. Mann
Nexsen Pruet, LLC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 080719 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Sara Centroni

Date

2-6-06

Typed or printed name

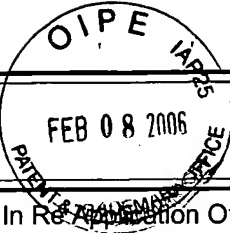
Sara A. Centroni

Registration No.

50,543

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL LETTER
(General - Patent Pending)

Docket No.
31092-05

In Re: Application Of: **Spencer P. Thornton**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/521,067	01/11/05	Christopher R. Tate	000044443	1655	6844

Title: **Treatment for Dry Eye Syndrome**

COMMISSIONER FOR PATENTS:

Transmitted herewith is:

Transmittal Letter (1pp.); Transmittal of Payment of Issue Fee (1pp.); PTOL- 85 form and copy (2pp.) Certificate of First Class Mail; and Return Postcard

in the above identified application.

- ☐ No additional fee is required.
- ☐ A check in the amount of _____ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. **080719** as described below.
- ☒ Charge the amount of **\$700.00**
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.


Signature

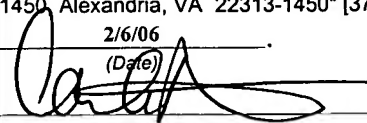
Dated: **2/6/05**

Sara A. Centioni (Reg. 50,543)
Nexsen Pruet, LLC
PO Box 10648
Greenville, SC 29603
Phone: 864-282-1171
Fax: 864-282-1177
scentioni@nexsenpruet.com

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2/6/06

(Date)



Signature of Person Mailing Correspondence

Carla Arnette

Typed or Printed Name of Person Mailing Correspondence

CC:

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)Applicant(s): **Spencer P. Thornton**

Docket No.

31092-05

Serial No.

10/521,067

Filing Date

01/11/05

Examiner

Christopher R. Tate

Group Art Unit

1655Invention: **Treatment for Dry Eye Syndrome**I hereby certify that this **Transmittal Letter***(Identify type of correspondence)*

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2/6/06*(Date)***Carla Arnette***(Typed or Printed Name of Person Mailing Correspondence)*
*(Signature of Person Mailing Correspondence)***Note: Each paper must have its own certificate of mailing.**

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)Applicant(s): **Spencer P. Thornton**

Docket No.

31092-05

Serial No.

10/521,067

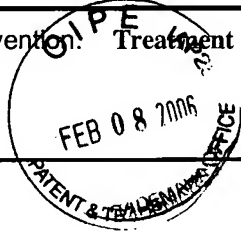
Filing Date

01/11/05

Examiner

Christopher R. Tate

Group Art Unit

1655Invention: **Treatment for Dry Eye Syndrome**I hereby certify that this **PTOL-85 and Copy of form***(Identify type of correspondence)*

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2/6/06*(Date)***Carla Arnette***(Typed or Printed Name of Person Mailing Correspondence)*

A handwritten signature in black ink, appearing to read "Carla Arnette", written over a horizontal line.

*(Signature of Person Mailing Correspondence)***Note: Each paper must have its own certificate of mailing.**

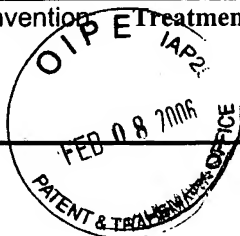
TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)
(37 C.F.R. 1.311)

Docket No.
31092-05

Applicant(s): Spencer P/ Thornton

Application No. 10/521,067	Filing Date 1/11/05	Examiner Christopher R. Tate	Customer No. 000044443	Group Art Unit 1655	Confirmation No. 6844
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Invention: **Treatment for Dry Eye Syndrome**



Mail Stop Issue Fee
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

- ☒ Issue Fee Transmittal Form PTOL-85
- ☒ Utility Fee: \$ 700.00 ☐ Design Fee: _____ ☐ Plant Fee: _____
- ☐ Publication Fee: _____
- ☐ A check in the amount of _____ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. **080719** as described below.
- ☐ Charge the amount of _____
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Sara A. Centioni

Signature

Dated: 2/6/06

Sara A. Centioni (Reg. 50,543)
Nexsen Pruet, LLC
PO Box 10648
Greenville, SC 29603
Phone: 864-282-1171
Fax: 864-282-1177
scentioni@nexsenpruet.com

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Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA
22313-1450" [37 CFR 1.8(a)] on _____

2/6/06

(Date)

Signature of Person Mailing Correspondence

Carla Arnette

Typed or Printed Name of Person Mailing Correspondence

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)Applicant(s): **Spencer P. Thornton**

Docket No.

31092-05

Serial No.

10/521,067

Filing Date

01/11/05

Examiner

Christopher R. Tate

Group Art Unit

1655Invention: **Treatment for Dry Eye Syndrome**I hereby certify that this Transmittal of Payments of Issue Fees*(Identify type of correspondence)*

is being deposited with the United States Postal Service as first class mail in an envelope addressed to: The

Assistant Commissioner for Patents, Washington, D.C. 20231 on

2/6/06*(Date)*Carla Arnette*(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***Note: Each paper must have its own certificate of mailing.**